

# NEWBORN SCREENING REQUEST ORDER FORM

Quantity	Cost Per Kit	Total Cost
Kit(s)	x \$530	\$

## Payment Method

Check (check number) \_\_\_\_\_)

Money Order (number \_\_\_\_\_)

Credit Card

## Credit Card Information

VISA

Master Card

Expir. Date \_\_\_\_/\_\_\_\_  
mo yr

Customer ID (Corporate Charge Card)

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Zip Code

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Credit Card Account Number

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Signature of Cardholder / Title

Date

Daytime Telephone Number

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(DGS-22-033, REV. Nov. 2005]

Ship To: Complete Name of Facility	
Street Address	Suite #:
City	State Zip (+4 Code)
Dept. and/or person to receive kit(s)	Telephone Number ( )
Requisition / Purchase Order Number (only if applicable):	

## INSTRUCTIONS

1. Please **print** all information clearly. A minimum order is one kit containing 10 devices.  
All orders must be pre-paid prior to shipping.
2. Payment may be made by check/money order payable to the **Treasurer of Virginia** or by VISA/MASTERCARD.  
If paying by credit card, please complete the information under Credit Card Information.
3. Credit card orders may be placed by calling toll free to 1-866-378-7730 or may be faxed to (804) 225-2120.
4. The Department of General Services Federal ID # is 54-1056975. The purchase of NBS kits is tax exempt.
5. Please tear off order form at perforated edge and insert check/order form into pre-addressed envelope.

For all inquiries concerning Newborn Screening patient results, to order forms, to place credit card orders or to obtain NBS follow-up nurse consultation, please call toll free to 1-866-378-7730 (Richmond Area 804-225-3345), Monday through Friday, 8:15 A.M. – 5:00 P.M.

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DEPARTMENT OF GENERAL SERVICES  
ATTN: CASHIER  
FISCAL SERVICES, SUITE 220  
202 NORTH 9<sup>TH</sup> STREET  
RICHMOND, VA 23219-3402